



# CITY OF ALLENTOWN

## AT RISK PROPERTY REGISTRATION FORM

As per Ordinance No #15026

**ONLY COMPLETED FORMS WILL BE ACCEPTED**

**"Must be TYPED or PRINTED CLEARLY in BLACK or BLUE INK"**

Date: \_\_\_\_\_

Address of Property: \_\_\_\_\_

AKA Address: \_\_\_\_\_ Parcel # \_\_\_\_\_

(Other known addresses used at the property)

Number of Units on Parcel: \_\_\_\_\_

Owners(s) Name: \_\_\_\_\_

Phone # \_\_\_\_\_

Owners Address: \_\_\_\_\_

Owner's E-Mail Address: \_\_\_\_\_

Status of Property ☐ Default of Mortgage ☐ Lis Pendens ☐ Tax sale Deed ☐ Pre-Foreclosure ☐ Real Estate owned

\*\* If owner is a Corporation, LLC, or Partnership or ET AL provide the names, addresses and phone numbers of the natural persons who have a vested interest or are the Chief Executive Officer, Registered Officer of Corporation, or names, addresses and phone numbers of the Managing Partners in Partnership. Please use additional forms if necessary.

Agent(s) for Owner: \_\_\_\_\_

Designated Agents Address: \_\_\_\_\_

Phone # \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

I hereby certify that all the information I have provided for this Registration is true and correct.

Name of Person Filing Registration (Printed) \_\_\_\_\_

(Signed) \_\_\_\_\_

**C/O Abandoned Property Registration  
Building Standards and Safety Department  
435 Hamilton Street Room  
3<sup>rd</sup> Floor  
Allentown, PA 18101  
610-437-7694  
Register@allentownpa.gov**